



**NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**  
**JOINT FORCE HEADQUARTERS**  
3650 SAYLORS POND ROAD  
FORT DIX, NEW JERSEY 08648-5606

**ARMY BULLETIN NO. 33**

**29 September 2004**

**DEPARTMENT OF DEFENSE TRAVEL CARD APPLICATION FORM**

1. The travel card application form, USPFO Form 11-6 and the Travel Card Program Cardholder Statement of Understanding, USPFO Form 11-5, dated 1 Oct 03, will be the forms used to apply for a U.S. Government Travel Charge Card. Copies of the forms in electronic, fill able format have been posted to the USPFO-NJ web site <http://www.state.nj.us/military/uspfo/rmd/pubs.html> and at RCAS NGNJ-34256-NAS/public/Payfax/PAY FAX 03-02. Previous versions of this form are obsolete and are not acceptable for processing by Bank of America.
2. The application process is:
  - a. Applicant fills out and submits USPFO Form 11-5 and 11-6. The traveler is also responsible for reading and complying with the Government Travel Card Program Handout.
  - b. Travelers may mail the USPFO Form 11-5 and 11-6 to USPFO-C, 3601 Technology Drive, Fort Dix, New Jersey 08640-5600 or the form may be faxed to 609-562-0249.
  - c. USPFO Form 11-5 must be initialed and signed by the traveler and the immediate supervisor. The applicant indicates his/her understanding of the responsibility to properly administer the travel card and the supervisor indicates his understanding of his responsibility to support compliance with the travel card program. The supervisor's signature certifies that the applicant has completed the on line training found at <http://apps.fss.gsa.gov/webtraining/trainingdocs/traveltraining/index.cfm?CFID=19297828&CFTOKEN=62289959>
  - d. Travel card processing takes approximately 14 days. If the travel card is required earlier than 14 days, the traveler may request expedited delivery on the Form 11-6. Expedited card delivery takes approximately six days. The traveler will have a \$20 charge on his Bank of America bill for this expedited delivery. The traveler will request reimbursement for the \$20 charge on their first travel voucher (DD Fm 1351-2) as a reimbursable expense.
  - e. The term Agency Program Coordinator refers the person assigned responsibility for managing the U.S. Government Travel Card program within the NJARNG.
3. Primary POC at USPFO for the travel card is Ms. Marcia Thibeault at 609-562-0383 or LTC James Rosenberg at 609-562-0212.

OFFICIAL

Chief of Staff

GLENN K. RIETH  
Major General, NJARNG  
The Adjutant General

DISTRIBUTION: A, A2, B, C

New Account Application <input type="checkbox"/> Re-Open a Closed Account <input type="checkbox"/> (Indicate below if a replacement card is required)																								
PART 1: TO BE COMPLETED BY EMPLOYEE (Optional fields are italicized and noted by an asterisk) PLEASE PRINT OR TYPE ALL INFORMATION																								
Cardholder name as it should appear on the card (First Name, Middle Name or initial and Last Name): Maximum 19 characters																								
Account Number: If this is a request to re-open a closed account, indicate the account number and if a replacement card is required.																								
4	4	8	6	-	1	2				-					-									
Check Box if you need a new plastic replacement card mailed to you: <input type="checkbox"/>																								
Social Security / Tax ID Number:										Date of Birth (MM/DD/YYYY):														
Employment Status:		Active <input type="checkbox"/>					Reserve <input type="checkbox"/>					Guard <input type="checkbox"/>					Civilian <input type="checkbox"/>							
Military Rank and Pay Grade/Civilian Pay Grade (Example: E-05, O-03, GS-09, WG-07, etc.)																								
Military Rank:					Military Pay Grade:					Civilian Pay Grade:														
Commercial Office Phone: ( ) -										Home Phone: ( ) -					Email Address:									
Address: If a P.O. Box is your Primary Mailing Address, a physical address must also be provided. You may input this address in the section below. An application providing only a P.O. Box will not be processed. For APO/FPO addresses only, a physical address is not required.																								
Primary Mailing Address (25 maximum characters)										<input type="checkbox"/> Alternate Mailing Address (for newly issued card only) <input type="checkbox"/> Physical Address, if required.														
Address Line 1:										Address Line 1:														
Address Line 2:										Address Line 2:														
City or APO/FPO:										State:					City or APO/FPO:					State:				
Zip / Postal Code:										Country:					Zip / Postal Code:					Country:				
Card Delivery: If a new card is required, it will arrive approximately 10 to 14 business days after Bank of America receives the application. Expedited card delivery is available; however, the applicant will be charged \$20. Check here if you are requesting expedited card delivery. <input type="checkbox"/>																								
Signature and Agreement: After reading the attached Agreement between Department of Defense Employee and Bank of America, N.A. (USA) ("Agreement"): 1. Initial either A or B below; 2. Sign; 3. Obtain your supervisor's approval; and 4. Forward the completed form to your A/OPC.																								
A. _____ By signing below, I acknowledge that I have read and understand and agree to be bound by, the terms and conditions of the agreement including Bank of America's right to obtain credit reports as described in the Agreement. I attest to the best of my knowledge, that the information I have provided herein is true and correct.										B. _____ By signing below, I acknowledge that I have read and understand, and agree to be bound by, the terms and conditions of the Agreement; however, I do not authorize Bank of America to obtain credit reports and therefore I will not be eligible for a standard account. I attest to the best of my knowledge, that the information I have provided herein is true and correct.														
This application is for a Government Travel Card Account, which may be standard or restricted, as described in the attached Agreement. I expressly agree to accept whichever type of account is established.																								
Pursuant to requirements of law, including the USA PATRIOT Act, Bank of America is requesting additional information to verify your identity																								
Applicant's Signature: _____										Date: _____														
Supervisor's Approver's Signature: _____										Date: _____														
Part 2: TO BE COMPLETED BY (A/OPC) AGENCY/ORGANIZATION PROGRAM COORDINATOR (Optional fields are italicized and noted by an asterisk)																								
Central Account No.	4	4	8	6	-	1	2	0	0	-	0	0	0	0	-	3	1	9	5					
Account Hierarchy: Specify the complete Hierarchy Level (HL) number that pertains to your organization. For example: 0000001 2000005 3012345																								
HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8																	
0000001	2000001	3044602	4044639																					
Organization/Unit Name:																								
Account type*: (Check one. If the applicant initialed B in the above Signature and Agreement section, then only a restricted card may be issued. For a restricted card, if no activation/deactivation dates are provided below, the card will be issued in a deactivation status and can only be activated by the A/OPC.)																								
Standard		Restricted		If Restricted, Date to Activate: Month ___ Day ___ Year ___																				
<input type="checkbox"/>		<input type="checkbox"/>		Date to Deactivate: Month ___ Day ___ Year ___																				
Card Design Type*: Standard				Quasi-Generic				Cash Access				Authorize to Receive Traveler's Checks*												
<input checked="" type="checkbox"/>				<input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>												
By signing below, I hereby authorize, on behalf of the Agency/Organization indicated above, that a Government Card be issued to the employee named above. PLEASE RETAIN A COPY FOR YOUR RECORDS. Return copy to: Bank of America, Attn: GCSU, P.O. Box 52304, Phoenix, AZ, 85072-9419, Facsimile: 1.877.217.1033 or 1.888.698.5631																								
A/OPC: James D. Rosenberg, LTC										Date: _____														
Name& Title/Rank (Please Print)										Signature														
Address Line 1: 3601 TECHNOLOGY DRIVE										Email Address: James.Rosenberg@nj.ngb.army.mil														
Address Line 2:										Commercial Telephone: (609) 562-0212														
City or APO/FPO: FORT DIX										State: NEW JERSEY														
Zip / Postal Code: 08640										Country: USA														

USPFO FORM 11-6 Revised 1 OCT 03

<b>Purpose:</b>	Complete this form to establish an individually billed cardholder travel card account or to re-open a closed travel card for a Department of Defense employee. This form is not to be used to request an account be reinstated that was closed for non-payment or delinquency.
<b>Instructions:</b>	<p>Cardholders: Indicate whether this request is for a new travel card account or a request to re-open a closed account. This form is not to be used to request an account be reinstated that was closed for non-payment or delinquency. Then, fill out the section entitled "Part 1: To be completed by Employee." Please print or type all information. Optional fields are italicized and noted by an asterisk. Incomplete applications will not be processed and may be returned at the direction of the DFAS Travel Card Program Management Office.</p> <p>A/OPCs: Fill out the section entitled "Part 2: To be completed by the Agency/Organization Program Coordinator". Verify the cardholder has indicated whether the request is for a new account or a request to re-open a closed account. This form is not to be used to request an account be reinstated that was closed for non-payment or delinquency. If the cardholder has not selected an indicator, please confirm the type of request with the cardholder and select the appropriate indicator. Please print or type all information. Optional fields are italicized and noted by an asterisk. Incomplete applications will not be processed and may be returned at the direction of the DFAS Travel Card Program Management Office.</p>
<b>Part 1 (Section to be completed by Employee)</b>	
<b>Cardholder name as it should appear on the card</b> – Indicate the name, as it should appear on the card. Please note the cardholder's name must not exceed 19 characters.	
<b>Account Number*</b> – Complete this field if this is a request to re-open an existing account. Card Replacement– Indicate if a replacement card is required. If this field is left blank, Bank of America will assume the cardholder has their original card and will not issue a new plastic replacement card. For new account requests, Bank of America will automatically issue a new card when the account is established.	
<b>Social Security Number/ Tax ID</b> – Self-explanatory.	
<b>Date of Birth</b> - Complete information as appropriate.	
<b>E-Mail Address*</b> - Employee's e-mail address, if available.	
<b>Employment Status</b> – Employee's military employment status with the government, if applicable.	
<b>Military Rank and Pay Grade/Civilian Pay Grade</b> – Employee's military rank abbreviation (SGT, PO2, 1LT, LCDR, etc.) and four-character military pay grade (E-05, O-03, etc.) or five-character civilian pay grade (GS-09, WG-07, etc.).	
<b>Commercial Office Phone/Home Phone/ Email Address</b> – Employee's business, home phone number (including area code) and email address. If a home phone number is not available, enter "N/A" (Not Applicable). For locations outside of the U.S., include the applicable two- to three-digit country code. You do not need to preface the number with an access code, such as "011" which is used to obtain an international telephone line.	
<b>Primary Mailing Address - (includes Street, City or APO/FPO, State/Province, Zip/Postal Code, and Country)</b> – This is the address to which the employee's travel card billing statement should be mailed. If a P.O. Box is provided, a physical address is required in the designated section. For APO/FPO addresses only, a physical address is not required.	
<b>Alternate Mailing Address or Physical Mailing Address - (includes Street, City or APO/FPO, State/Province, Zip/Postal Code, and Country)</b> – Complete this section if a P.O. Box is being provided as your Primary Mailing Address. Or, Complete this section if you would like the card mailed to an alternate address that is different than the Primary Mailing Address to which the regular billing statement will be sent.	
<b>Card Delivery*</b> – Complete this field if the applicant requires expedited card delivery. A \$20 fee will be imposed to the applicant's account. If "N/A" (Not Applicable) is noted or this field is left blank, Bank of America will send the card via First Class mail.	
<b>Signature and Agreement</b> – In accordance with DoD policy, employees applying for a card after December 1, 1998 are asked whether or not they will provide express written consent for Bank of America to access credit report information. <ul style="list-style-type: none"> <li>• If an applicant declines consent, a restricted card with reduced spending limits will be issued.</li> <li>• If neither block is initialed, a credit check will not be conducted and a restricted card will be issued.</li> <li>• If both blocks are initialed, Bank of America will review the applicant's credit history before determining which type of card to issue.</li> </ul>	
<b>Applicant's Signature and Date</b> – Employee's signature and the date the application form is signed.	
<b>Supervisor's Approval Signature and Date</b> – Employee's supervisor must sign and date the setup/application form in accordance with DoD 7000.14R, Financial Management Regulation, Volume 9, Travel Policy and Procedures (Chapter 3).	
<b>Part 2 (Section to be completed by the Agency Program Coordinator)</b>	
<b>Central Account Number</b> – The 16-digit reference number assigned to your major command or agency. This number is required for assignment of the correct billing cycle to the cardholder's account. Bank of America cannot process the setup/application form without this information. If you do not know your Central Account Number, please contact Bank of America Government Card Services Unit for assistance toll-free at 800.558.0548 if dialing from the U.S. or Canada, or collect at 757.441.4022 if dialing from international locations.	
<b>Account Hierarchy (HL1 to HL8)</b> – The hierarchy unit number under which the new account will be established. Complete as many hierarchical levels as are appropriate for your organization. Each level of hierarchy consists of a seven-digit number; up to eight levels of hierarchy may be assigned. Hierarchy levels are sequential and indicate the organization's pedigree as illustrated below: HL1 = 0000001 Department of Defense HL2 = 2xxxxxx Branch of Military Service or DoD Independent Agencies HL3 = 3xxxxxx Major Command or individual DoD Agency name A complete hierarchy level number always begins with Level 1 and contains successive level numbers, down to the lowest level assigned. It is required to determine the reporting group to which a cardholder's account will belong.	
<b>Organization/Unit Name</b> – The organization name at the lowest hierarchy level.	
<b>Account Type</b> – Designate whether the applicant's account should be standard or restricted. A restricted card is issued to all applicants who do not have a credit history. Applicants who initial B in the Signature and Agreement section only will be issued a restricted card. Restricted card accounts are set up with lower spending limits and require activation by the A/OPC for the time frame specified on a cardholder's travel orders.	
<b>If Restricted, Date to Activate/Deactivate*</b> – If the restricted card option is chosen, enter the dates the card is to be initially available for use and then deactivated after initial use, if known. If no dates are provided, the card will be issued in a deactivated status and must be activated by the A/OPC before the cardholder will be able to use it. Cardholder confirmation of card receipt will not result in automatic activation for a restricted card as it does for a standard card.	

**Part 2 (Section to be completed by the Agency Program Coordinator)**

**Spending Limits**– The data in this field is supplied for informational purposes only. No action is required. Four different account controls are available for the DoD Travel Card Program. The Travel, Cash and Retail Spending Limits are designed to limit account spending on a per cycle basis. For setup of the initial account, the spending limits that have been pre-set by DoD for a standard or restricted account will be applied. Adjustments to spending limits and/or additional limits to restrict purchases from specific merchant(s) or type(s) of merchant(s) can be set by contacting GCSU or making changes on-line via EAGLS.

- Travel Limit: The amount available for travel-related purchases.
- Cash Limit: The amount of cash that may be withdrawn for any specified period if ATM access is authorized.
- Retail Spending Limit: The amount that may be spent for items purchased from merchants who are classified as retail establishments. The Defense Finance and Accounting Service Project Management Office (PMO) have determined how merchants are to be classified.
- Total Account Spending Limit: The aggregate limit to be applied to this account. The total of all transactions cannot exceed this limit, which is refreshed at billing.

**Card Design Type\*** – Two card design types are available and described below. If no Card Design Type is checked a Standard card will be issued by default.

- Standard: Features a plastic design that indicates the account is issued for official government use only.
- Quasi-Generic: Features Bank of America's commercial plastic design. The embossed account number is the only information on the card that identifies it as a government account.

**Cash Access\*** – Check whether or not ATM access should be available to the cardholder. If this field is left blank, Bank of America will not issue an ATM Personal Identification Number (PIN) for cash access to the cardholder.

**Authorized to Receive Travelers Checks\*** – Check if Travelers Checks should be available to this employee. If this field is left blank, the cardholder will not able to purchase Travelers Checks. *(Note: Travelers Checks are not available to Department of the Air Force personnel.)*

**A/OPC** – The name and title and/or rank of the Agency/Organization Program Coordinator completing this section of the setup/application form.

**Signature** – The A/OPC's signature.

**Date** – Date of A/OPC's signature.

**Address Line 1** – Indicate the street, P.O. Box or other address information for the A/OPC.

**Address Line 2** – If needed, continue with the street, P.O. Box or other address information

**City** – Self-explanatory.

**State** – Self-explanatory.

**Zip Code** – Self-explanatory.

**E-Mail Address** – The A/OPC's e-mail address.

**Commercial Telephone** – The A/OPC's commercially accessible business telephone number, including the area code. For locations outside of the U.S., include the applicable two-digit to three-digit country code. You do not need to preface the number with an access code, such as "011" which is used to obtain an international telephone line.

**Mail or fax completed application form to:**

Bank of America  
Attn: GCSU  
P. O. Box 52304  
Phoenix AZ 85072-9419  
Fax: 1.877.217.1033 or  
1.888.698.5631

## TRAVEL CARD PROGRAM CARDHOLDER STATEMENT OF UNDERSTANDING

(Reference DoDFMR, Volume 9, Chapter 3, Appendix A)

**NOTE:** The government travel card application will not be processed without this form on file.

I certify that I have read the attached ARNG government travel card policy and procedures. I understand that the Department of Defense Government Travel Card Program is designed to improve the management and control of government travel and thereby promote the efficiency of the Federal Service. I also understand that I am authorized to use the card only for those necessary and reasonable expenses incurred by me for official travel. I will abide by all instructions issued by the Department of Defense (DoD) and the Army National Guard.

The above limitation on card usage also applies to automatic teller machine (ATM) withdrawals. The amount of cash withdrawals may not exceed \$500.00 (standard) or \$250.00 (restricted) per billing cycle. If my account is not delinquent and my travel orders authorize a larger advance, I can request an increase in the ATM limit through the APC. However, I will endeavor to charge expenses to the account wherever feasible versus using cash withdrawals.

I understand that the issuance of this charge card to me is an extension of the employee-employer relationship and that I am being specifically directed to:

- \_\_\_\_ Abide by all rules and regulations with respect to the card.
- \_\_\_\_ Use the card only for official travel
- \_\_\_\_ Pay all charges upon receipt of the monthly billing statement from the travel card contractor.
- \_\_\_\_ Notify the APC of any problems with respect to my usage of the charge card.
- \_\_\_\_ Notify the contractor and APC if my charge card is lost or stolen.

**(Card applicant will initial all the above provisions.)**

I understand that my failure to abide by these rules or misuse of the card may result in disciplinary action being taken against me. I acknowledge the right of the travel card contractor and/or APC to revoke or suspend my travel card privileges if I fail to abide by the terms of this agreement or the agreement I have signed with the travel card contractor. I understand that revocation or suspension of my travel card privileges does not entitle me to a travel advance.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Series/Grade/Title

\_\_\_\_\_  
(Unit Assignment and Phone Number)

Immediate Supervisor : \_\_\_\_\_

**Note: Mail Travel Card Application (USPFO Form 11-6, 1 Oct 03) together with THIS FORM to USPFO-NJ Attn: Travel Card Section, 3601 Technology Dr., Fort Dix, NJ 08640-5600 or fax it to (609) 562-0249**

**USPFO FORM 11-5 Revised 1 OCT 03**

## **GOVERNMENT TRAVEL CARD PROGRAM HANDOUT**

### **Program Purpose:**

- As the standard payment vehicle for ARNG travel-related expenses, an official Government Travel Card, with ATM privileges, is available for personnel traveling on Official Government Business. This eliminates or reduces the number of travel advances paid by disbursing offices without imposing a financial burden on our travelers. This policy applies to all official government travel or the per diem portion of a permanent change of station (PCS) move performed by ARNG personnel. The card is a charge card and not a credit card. It is the responsibility of the cardholder to pay all debts.

### **Cardholder Rules:**

- Cardholders must sign the ARNG Government Travel Card Program Statement of Understanding before completion of an application. The Statement of Understanding states (in part) that the Government Travel Card is to be used only for official travel and that the traveler agrees to submit timely travel claims (5 days after TDY period or every 30 days for extended TDY). The cardholder agrees to reimburse the bank by the billing statement due date. The use of the "Split Disbursement" option on the reimbursement voucher is highly encouraged. If the cardholder has not received reimbursement due to process delays, he or she should immediately contact the APC. However, the bank will automatically deactivate cards with any balance 60 days past due from the initial billing unless contacted by the APC. The contractor will charge the cardholder a late fee monthly of outstanding debts exceeding 120 days.

- All official travel-related expenses such as hotels, meals, rental cars and fuel should be charged to the card.

- Cash withdrawals are limited to the amount of cash needed to cover incidental and miscellaneous expenses. ATM cash withdrawals may not exceed \$500 in a billing cycle. The APC may coordinate additional ATM advances if the TDY requires it. The service charge for withdrawing cash from ATMs is reimbursable through the travel voucher system as long as the cardholder claims the fee on the voucher and the cash is not withdrawn more than 3 days prior to the start of travel or after the last day of travel. Receipts for these withdrawals are not required when filing a travel settlement claim. To obtain ATM locations within CONUS, the cardholder may call the contractor at 1-800-472-1424. To obtain a number for OCONUS ATM locations, the cardholder should call the contractor prior to departure.

- In the event the cardholder loses, forgets, or misplaces the cardholder's assigned Personal Identification Number (PIN), the cardholder must call the contractor at 1-800-472-1424 in order to change the PIN.

- Should a card be lost or stolen, the cardholder must immediately call the contractor at 1-800-472-1424. The APC will be notified of the missing card as soon as possible.

- Reimbursements of expenses will be directed to repaying the bank. The recommended option is by split disbursement designated at the time the voucher is processed. The second option is payment at the time of billing. Diversion of government travel funds for personal gain and not used travel charge card payments will be cause subject to disciplinary action under the Standards of Conduct at a minimum.

### **Extended TDY:**

- Personnel serving on long-term TDY must file an interim reimbursement voucher every 30 days. Travel reimbursement delays will be reported to the APC as soon as possible.

### **Repeated Delinquencies:**

- Cardholders who repeatedly are delinquent through their own nonpayment of a legitimate bill from the contractor will be canceled from the card program and issued a memorandum affirming the cancellation and denial of the card and ATM privileges. Employee misuse of the card may be grounds for disciplinary action. Persons in this status will not be authorized a travel advance except in extreme emergencies. Any dollar amount 60-days past the billing date is considered delinquent. Three delinquencies in a 12-month period will result in cancellation of the Travel Charge Card.

### **Credit Checks:**

- Cardholders, at their own discretion, may decline a credit check. In these cases, the bank will issue a "Restricted Card". Their APC will suspend the card privileges during periods of non-travel and reinstate when travel is required.

### **Account Program Coordinator (APC):**

- Each state/activity has a Travel Card APC assigned to answer questions or provide explanations as required.

Your Primary APC is: **LTC James D. Rosenberg**

Phone Number: (609) 562-0212

Your Alternate APC is: **Ms Marcia Thibeault**  
Phone Number: (609) 562-0383

**Extended Travel Charge Card Benefits:**

- Government travel charge card holders are eligible to receive extended benefits coverage. You are automatically covered when you initiate and pay for the entire travel related transaction with your government travel charge card. Additional restrictions, limitations, and exclusions may apply to the terms and conditions of the insurance provisions. For details, please contact your travel charge card customer service by calling the 800 number listed on the back of your card. The contractor provides these benefits free:

TRAVEL & EMERGENCY ASSISTANCE
• Lost or Stolen Card Report
• Emergency Medical Referral Assistance
• Prescription Assistance
• Emergency Legal Referral Assistance
• Valuable Document Delivery
• Emergency Transportation Assistance
• Emergency Ticket Replacement
• Travel Accident Insurance
• Lost Luggage Assistance
• Emergency Message Service
• Emergency Translation Service
• Pre-Trip Assistance

AUTO RENTAL INSURANCE (ARI)
• ARI provides primary coverage worldwide up to the actual cash value of most rental cars for damage due to collision or theft for rental periods which neither exceed 31 consecutive days. Certain restrictions, limitations, and exclusions apply.
• The entire rental transaction must be charged to your credit card to activate ARI (Collision/Loss Damage Waiver) coverage. This means you must use your credit card to initiate and complete the entire rental transaction.
• ARI coverage is applicable only to valid drivers of the vehicle.
• The rental auto must be operated in accordance with the car rental agreement.
• You must decline the car rental company's collision damage waiver (CDW/LDW) option, or similar provision, if offered by the car rental company.
• ARI coverage is collision damage coverage only. It does not cover injury to persons, nor to property other than the rental car as it was originally manufactured.
• ARI coverage is not valid for certain areas outside the U.S. where prohibited by law or by the car rental agency's policy.
• Most rental cars are covered (check with your credit card assistance center for a list of exclusions).
• If you have an accident, immediately, but no later than 20 days* following the date of the damage or theft, call the credit card assistance center to report the accident and receive processing instructions, or your claim will be denied. If you are located outside the U.S., use the appropriate international toll-free number provided by the credit card company. <b>The Rental Agency is not responsible for filing your claim under this program unless you are traveling outside the U.S. and sign a Cardholder Agreement Form (which will be provided by the Rental Agency.)</b>

\*Not applicable to residents of certain states.